



Alameda County Sheriff's Office

Gregory J. Ahern, Sheriff / Coroner
Coroner's Bureau, 2901 Peralta Oaks Ct, Oakland, CA 94605
(510) 382-3000 / (510) 382-3033 (fax)

Coroner Investigator's Report

CALL INFO	NAME OF DECEASED (LAST, FIRST MIDDLE) SINGH, Swaran			TENTATIVE ID <input type="checkbox"/>	UNIDENTIFIED <input type="checkbox"/>	CASE NUMBER 2016-03035	
	REPORTED BY R. Nesheiwat	REPORTED BY PHONE NO. (925) 847-3000	REPORTING AGENCY Valley Care Medical Center	REFERENCE NUMBER 16-017689			
DECEDEDENT	INVESTIGATOR Anthony Gogna	CALL DATE AND TIME 10/12/2016 11:39	CASE TYPE Removal Case				
	DATE AND TIME OF DEATH 10/12/2016 9:15	DATE OF BIRTH 10/11/1975	AGE 41 Years	GENDER Male	RACE Other	MARITAL STATUS Never Married	VET? <input type="checkbox"/>
HGT 65	WGT 196	EYE COLOR Brown	HAIR COLOR Brown	OCCUPATION Host	EMPLOYER		
Preliminary Summary							
DEATH	LOCATION OF DEATH Valley Care Medical Center	LOD TYPE Hospital - IP					
	ADDRESS (STREET, CITY, STATE, ZIP) 5555 W. Las Positas Boulevard Pleasanton CA 94588	COUNTY Alameda					
Manner Natural	Death Certificate Signed By:						
Cause A HYPERTENSIVE CARDIOVASCULAR DISEASE	Interval Years						
Cause B	Interval						
Cause C	Interval						
Cause D	Interval						
Other Significant Conditions							
NOTIFICATION	LEGAL NEXT OF KIN [REDACTED]	RELATIONSHIP [REDACTED]	TELEPHONE NO.				
	NOTIFIED BY	METHOD	DATE AND TIME				
IDENTIFICATION METHOD Hospital Wrist Band	DATE AND TIME 10/12/2016 9:15						
INCIDENT	LOCATION OF INCIDENT	AT WORK <input type="checkbox"/>					
ADDRESS (STREET, CITY, STATE, ZIP)	COUNTY	DATE AND TIME OF INCIDENT					
INVESTIGATING AGENCY Alameda County Sheriff's Office-ETS	INV AGENCY PHONE NUMBER	OFFICER					
FUNERAL HOME Chapel of The Chimes - Hayward	BODY RELEASED TO FUNERAL HOME ON 10/19/2016 15:55						
DISP	Full Autopsy <input checked="" type="checkbox"/>	Partial Autopsy <input type="checkbox"/>	Inspection <input type="checkbox"/>	Record Review <input type="checkbox"/>	Inspection w/Specimen <input type="checkbox"/>	EXAM BY Michael Ferenc	



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Investigator Narrative

Decedent: SINGH, Swaran
Case Number: 2016-03035
Investigator: Anthony Gogna

First Call Information:

On October 12, 2016, about 1100 hours, Nurse Nesheiwat called and reported the death of Swaran Singh. Nurse Nesheiwat told me, Singh was a 41 year old male, who died in the Critical Care Unit at Valley Care Medical Center (VCMC). Singh collapsed at Santa Rita Jail and was transported to VCMC in cardiac arrest. While in the hospital, Singh was placed on a ventilator and his health declined. On October 11, 2016, at 1830 hours, Dr. McNaught pronounced the first brain death. On October 12, 2016, at 0915 hours, Dr. Hu pronounced the second brain death. The hospital had not taken Singh off the ventilator and was trying to wait until family arrived from out of the country to see him and possibly approve organ donation.

On October 12, 2016, about 1115 hours, I notified Sergeant Baron, Sergeant Gemmell, Lieutenant Ibarra, Lieutenant J. Johnson, and Captain Ditzengerger of the death. (AG#1303)

Medical Summary:

According to medical records from VCMC, Singh had a past medical history of [REDACTED] and [REDACTED]. On October 6th, 2016, the patient reportedly developed acute [REDACTED]. The patient was resuscitated with return of spontaneous circulation. Admission chest x-ray was clear and his CT head scan showed [REDACTED]. Singh was diagnosed with a [REDACTED] [REDACTED]. The medical records were downloaded to a CD-R and were included in the case file. Admission specimens were collected and brought to the Coroner's Bureau.

According to Santa Rita Jail Medical Screening Form, it listed mood disorder and Singh was on medication for [REDACTED]. A copy of the jail medical records were downloaded to a CD-R and included in the case file. (AG#1303)

Description of the Death/ Injury Scene:

Singh died in the Critical Care Unit at Valley Care Medical Center at 5555 West Las Positas Boulevard. (AG#1303)

Body Identification:

I compared the decedent to a photograph on Singh's California driver's license ([REDACTED] and [REDACTED]) and they matched. A copy of the license was included in the case file. (AG#1303)

On Sunday, October 16, 2016, at 0905 hours, I (Wilson) received a call from Courtney Emerson of the Central Identification Bureau (CIB) who told me they got a positive hit on Singh's identification via his personal file number (PFN: [REDACTED]). (dlw29)



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Next of Kin Investigation:

According to Nurse Nesheiwat, Singh had a brother, she identified as [REDACTED] and said their mother was still living but her name was unknown and was believed to be flying in from [REDACTED]. The hospital staff advised they will notify them of the death when they arrive at the hospital. (AG#1303)

I (Bordi) spoke with Singh's brother, [REDACTED] at the hospital and he told me his brother was married but he did not know the wife's name or contact information. A family friend on scene told me Singh's wife was named [REDACTED] and she lived in [REDACTED] but her contact information was unknown.

On October 14, 2016, about 0908 hours, I (Meldrum) spoke to [REDACTED] who told me she was legally divorced from Singh. [REDACTED] said she and Singh had a minor child named [REDACTED]. I explained the coroner's involvement and told [REDACTED] she was the property guardian for her son. [REDACTED] told me Singh's father was deceased, but his mother, [REDACTED] lived in [REDACTED]. [REDACTED] did not have [REDACTED] contact information. (MMM1859)

On October 14, 2016, about 1006 hours, I (Meldrum) attempted to call Singh's brother, [REDACTED], but there was no answer. I left a voice message requesting a call back. (MMM1859)

On October 14, 2016, about 1400 hours, I (Meldrum) spoke to [REDACTED]. I explained the coroner's involvement and told him his mother, [REDACTED] was the legal next of kin and would be in charge of authorizing funeral arrangements. [REDACTED] told me his mother was on an airplane and would arrive in the United States, on October 15, 2016, about 2000 hours. [REDACTED] said his mother would make funeral arrangements when she arrived. (MMM1859)

Other Agency Reports:

A copy of Oakland Police Report # 16-052332 was included in the case file. (AG#1303)

Property and Evidence:

None

Coroners Fees:

As of January 21, 2017, the Coroner fees of \$400 for body removal and body preparation are still outstanding. (AG#1303)

Investigative Details:

[REDACTED]

[REDACTED] A copy of the report was downloaded to a CD-R and placed in the case file.

According to the Alameda County Sheriff's Office Shift Activity Report, Singh was having trouble breathing, he was sitting up on his bunk, alert, and oriented inside his cell. Singh was able to walk unassisted from his cell to the sick call room to see a nurse. The nurse determined Singh's condition had



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worsened and "Code 3" medical was called. A copy of the activity report was included in the case file. (AG#1303)

On October 13, 2016, about 0629 hours, I (Bordi) called Valley Care Medical Center and spoke with Nursing Supervisor Linda. I advised her that Coroner Pathologist Dr. Michael Ferenc denied Donor Network West's request for organ harvesting. I also advised Linda to please have Singh removed from the ventilator and have him moved to the morgue. Dr. Ferenc said Singh needed to be brought to the Coroner's Bureau so a cause of death could be rendered and any medical evidence preserved. Linda said she understood and would talk to the doctor.

Sgt. Baron spoke with Valley Care Supervisor Sunny and also explained to him the need to remove Singh from the ventilator because he had been reported as deceased. Sunny said Singh would be removed from the ventilator and the Coroner's Bureau could respond and complete the removal.

On October 13, 2016, about 1110 hours, Deputy Meldrum and I (Bordi) arrived at Valley Care Medical Center. We met with Sunny and he led us to room #2810 where Singh was located. I saw Singh was still connected to a ventilator. Sunny said Singh's brother, [REDACTED] had arrived at the hospital along with friends from Singh's Sikh religious church. I spoke with [REDACTED] and [REDACTED] and they told me they were requesting the hospital prolong the ventilator until Singh's other family members arrived from [REDACTED]. The expected date for the family to arrive was Saturday, October 15, 2016. I explained the time sensitive circumstances to [REDACTED] and [REDACTED] and advised them the Chief Forensic Pathologist was worried medical evidence was needed to render a cause of death and I could be lost if Singh remained on the ventilator. [REDACTED] and [REDACTED] were adamant that hospital staff did not remove Singh from the ventilator until Singh's family from [REDACTED] arrived at the Coroner's Bureau. I explained to [REDACTED] and [REDACTED] that hospital staff reported Singh as deceased to the Coroner's Bureau and needed to remove him from the ventilator. [REDACTED] refused to allow hospital staff to remove Singh from the ventilator. Sgt. Baron responded to the hospital to help explain the situation to hospital staff and [REDACTED]. Hospital staff ultimately removed Singh from the ventilator and [REDACTED] was allowed to have priests from the church pray with family and friends in the room with Singh.

After the prayer, Singh was prepared for transport to the Coroner's Bureau.

About 1728 hours, I (Bordi) arrived at the Coroner's Bureau and Deputy Plasencia assisted me with processing Singh into the morgue, which included intake photographs. The hospital photographs and intake photographs were later downloaded onto a CD-R disc and placed in the case file. (EB1879)

On October 13, 2016, Coroner's Chief Pathologist Dr. M. Ferenc performed a full autopsy on Singh. Dr. Ferenc deferred the cause of death pending a toxicology exam.

On November 14, 2016, Dr. Ferenc gave a cause of death as "Hypertensive Cardiovascular Disease." After review of the toxicology report, Dr Ferenc documented there were no substances detected (See toxicology report for complete results). (AG#1303)



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Findings:

On January 27, 2017, I (Gogua) reviewed this case to determine a manner of death. Based on my investigation, autopsy protocol, case file, documents associated with this case and the cause of death given by Chief Pathologist Dr Ferenc, I find the manner of death in this case to be natural. (AG#1303)

Supervisor Review:

On Friday, January 27, 2017, I (Sgt. Baron) reviewed this case and found it to be complete. I concur with the findings and approve this case for closure. However, due to the fact the Coroner's fees are still outstanding, the case will show "Closed-Pending Fees" until all fees are paid in full. (HB#2017)

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2901 Peralta Oaks Court, 2nd Floor, Oakland, CA 94605-5319



Gregory J. Ahern, Sheriff

Director of Emergency Services
Coroner - Marshal

M E M O R A N D U M

DATE: October 13, 2016

FROM: Michael Joseph Ferenc, M.D.

TO: Case File 2016-03035

SUBJECT: AUTOPSY PROTOCOL

An autopsy was performed on the body of Swaran Singh at the Coroner's Bureau, 2901 Peralta Oaks Court, Oakland, California, on October 13, 2016, at about 1745 p.m.

FINDINGS

- 1) CARDIOVASCULAR DISEASE:
 - A. BIVENTRICULAR CARDIAC HYPERTROPHY
 - B. FOCAL SLIGHT CORONARY ARTERY ATHEROSCLEROSIS.
- 2) NO EVIDENCE OF EXTERNAL OR INTERNAL INJURIES.
- 3) TOXICOLOGY (CVT-16-10740)
 - A. NO SUBSTANCES DETECTED IN FEMORAL BLOOD
 - B. NO SUBSTANCES DETECTED IN BILE.

CAUSE OF DEATH: HYPERTENSIVE CARDIOVASCULAR DISEASE.

CC: EMS
Investigations Bureau
District Attorney

Sheriff-Coroner
Alameda County

Body of SWARAN SINGH

1 CIRCUMSTANCES OF DEATH

2 This 41 year-old gentleman was pronounced dead at hospital
3 several days after having a cardiopulmonary arrest while an
4 incarcerated at the Santa Rita Jail (PFN BFW375; CEN 6316536).
5 On 10/02/2016, he was arrested by Oakland Police (Incident 16-
6 052332) following events in a hotel lobby that included a
7 vandalism and a misdemeanor assault. While in jail on 10/07/16,
8 he developed apparent new-onset "trouble breathing." He was
9 able to "walk to the sick call room unassisted." There he
10 worsened. He was described (CFMG, Inc BFW375) as "sitting in
11 chair, alert receiving 10L O2 ... able to obey commands but unable
12 to verbalize needs. labored breathing. Diaphoretic ... O2 dropped
13 to 56%." He had a cardiopulmonary arrest (Paramedics Plus
14 M52049916108389) but eventually responded to resuscitation. He
15 became an inpatient at hospital (ValleyCare Medical Center 88-
16 37-64). However, he did not recover any significant neurological
17 function and, in fact, was determined to be brain dead by
18 10/12/2016. His hospital work-up did not identify a cause for
19 his cardiopulmonary arrest. This included a negative urine drug
20 screen, a negative blood alcohol test, a negative-for-trauma
21 head CT scan, a negative-for-trauma chest X-ray, cardiac studies
22 that did not show clear evidence of infarct or pre-existing

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Body of SWARAN SINGH

23 arrhythmias, and an echocardiogram that did not disclose
24 pulmonary emboli (although, the study report states "The
25 pulmonary artery was not visualized."). His known past medical
26 history included hyperlipidemia, possible hypertension, and
27 schizophrenia. At intake to the jail on 10/02/2016, his vital
28 signs noted a blood pressure of 142/102 mm Hg.

29 PRELIMINARY EXAMINATION

30 The unembalmed body of a middle-aged man is on a mortuary
31 table, is in a hospital gown, and has a properly labeled
32 identification tag. A grey metal bracelet is on the right wrist.
33 Paper bags are on the hands. The fingernails are intact.
34 Fingernail clippings are taken.

35 RECENT INJURIES

36 No significant recent antemortem injuries are identified.

37 EXTERNAL EXAMINATION

38 The body of a well-developed, well-nourished, middle-aged,
39 swarthy skinned man is reported to be 41 years, 65 inches, and
40 196 pounds. Rigor mortis is absent. Livor mortis is minimal to
41 slight, posterior, red blue, and not fixed. The body is warm to
42 the touch.

43 The head shows no significant trauma or scars. The hair is
44 black and grey, straight and from 1/2 to 2 inches. Grey, 1/4

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Body of SWARAN SINGH

45 inch beard stubble is seen. The eyelids, sclerae, and
46 conjunctivae are unremarkable. The eyes are brown. The pupils
47 are roughly round and equal. The nose and mouth show no
48 lesions. A nasogastric tube is in the right nostril. An airway
49 tube is present. The ears are intact.

50 The neck shows no significant trauma or scars. A vascular
51 line is in the right neck. The chest shows no significant
52 trauma or scars. A 3-1/2 x 2 inches, scabbed-over, red-brown
53 area over the sternum is consistent with cardiopulmonary
54 resuscitation. The breasts are of a man. The abdomen shows no
55 significant trauma or scars. ECG pads are on the torso. The
56 genitalia are of a circumcised man. A Foley catheter is in
57 place with amber urine in the collection container.

58 The arms and forearms show no significant trauma. 1/4 to
59 3/8 inch, round scars are on the lateral upper arms. The hands,
60 fingers, and fingernails are intact. ECG pads are on the right
61 wrist and the shoulders. A pulse oximeter probe is on a finger
62 of the left hand. The legs and feet show no significant trauma
63 or scars. Compression dressings are on the calves. A 1 inch
64 red-tan area of skin discoloration is on the medial left ankle.

65 The back shows no significant trauma or scars. A decubitus
66 adhesive dressing is over intact skin over the sacrum. A small

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Body of SWARAN SINGH

67 piece of adhesive tape is over intact skin on the left upper
68 back. The anus is unremarkable.

69 INTERNAL EXAMINATION

70 BODY WALLS AND CAVITIES: The subumbilical fat pad is about
71 2 inches. The subcutaneous and breast tissues are unremarkable.
72 The pleural cavities are smooth and glistening, have no
73 significant adhesions, and contain minimal serous liquid. The
74 pericardial sac is intact. The mediastinum is unremarkable.
75 The diaphragm is intact. The peritoneal cavity shows no
76 significant adhesions and contains minimal serous liquid. The
77 retroperitoneal fat layer is slightly to moderately increased.
78 The major organs are normally positioned.

79 CARDIOVASCULAR SYSTEM: The epicardium is smooth and
80 glistening. The coronary arteries follow a right predominant
81 distribution. A separate conus artery ostium arises in the
82 right coronary cusp. Focal about 40% narrowing by yellow-tan,
83 eccentric, atherosclerotic plaque is seen in the proximal left
84 anterior descending branch. The heart is 440 grams. The
85 myocardium is red-brown, normal texture, and uniform. The right
86 ventricular free wall does not show any significant increased
87 fatty tissue or increased fibrous tissue. The right ventricle is
88 0.2 to 0.5 cm. The left ventricle measures in greatest

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Body of SWARAN SINGH

89 thickness as follows: anterior septum 1.5 cm, posterior septum
90 2.3 cm, posterior wall 1.7 cm, lateral wall 2.5 cm, and anterior
91 wall 1.2 cm. The thickest wall measurements of the left
92 ventricle are along the mid to apical regions. The endocardium,
93 chordae, and papillary muscles are intact and show no lesions
94 including no endocardial jet or rub-type lesions. The foramen
95 ovale is closed. The coronary sinus ostium shows a partial thin
96 translucent valve. The atrioventricular and semilunar valves are
97 normally formed, show no lesions or vegetations, and are
98 appropriate for age. The aorta shows no atherosclerosis. The
99 venae cavae and great vessels show no thrombi or emboli.

100 PULMONARY SYSTEM: The right and left lungs are 460 and 400
101 grams. The lungs are partially aerated, soft, pink tan to red,
102 and otherwise uniform with smooth glistening surfaces. The
103 bronchi show no significant lesions. The mucosa is tan. The
104 vessels show no significant thrombi or emboli.

105 HEPATOBILIARY SYSTEM: The liver is normal texture, uniform
106 with a smooth glistening capsule, congested, 2460 grams, and
107 uniform with smooth glistening surfaces. The biliary tract is
108 intact, and the gallbladder contains over 50 mL of dark green,
109 thick, opaque bile. The pancreas is lobulated, normal texture,
110 without focal lesions, and tan.

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Body of SWARAN SINGH

111 HEMATOPOIETIC SYSTEM: The spleen is normal texture,
112 uniform with a smooth capsule, dark red, and 180 grams. The
113 lymph nodes are not significantly enlarged and show no lesions.
114 The thymus gland is unremarkable for age. The bone marrow of
115 the ribs and calvarium is unremarkable for age.

116 GASTROINTESTINAL SYSTEM: The oropharynx, esophagus, and
117 stomach show no lesions. The stomach contains about 300 mL of
118 thin, translucent green liquid. The duodenum, jejunum, ileum,
119 and large bowel show no mucosal, mural, or serosal lesions. The
120 small bowel contains minimal green material. The large bowel
121 contains a small to moderate amount of green partially formed
122 stool. The mesentery is intact. The appendix is present.

123 GENITOURINARY SYSTEM: The adrenal glands are unremarkable.
124 cap1b. Each kidney is 200 grams. The cortices are normal
125 thickness, normal texture, uniform, and red brown. The calyces
126 and collecting systems are not dilated and show no lesions. The
127 pyramids and papillae are intact. The ureters are patent to the
128 empty bladder. The bladder mucosa and wall are unremarkable.
129 The prostate gland is unremarkable for age. The testes are
130 unremarkable for age.

131 MUSCULOSKELETAL SYSTEM: The muscles show no significant
132 focal or diffuse lesions. The skeleton is well developed and

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Alameda County

Body of SWARAN SINGH

133 appropriate for age.

134 HEAD AND NERVOUS SYSTEM: The scalp shows no significant
135 hemorrhage. The skull shows no fractures. The dura mater and
136 leptomeninges show no significant hemorrhages or lesions. The
137 floor of the skull is intact. The sagittal sinus is slightly
138 distended by non-adherent thrombus. The brain is 1250 grams.
139 The cerebral hemispheres, cerebellum, and brain stem are
140 softened, dull pink, and with flattening of the gyri and
141 narrowing of the sulci. The grey and white matter, deep nuclei,
142 cerebellar folia, and brain stem show no focal lesions. The
143 parenchyma is very soft, the grey-white matter margin is
144 indistinct, and the lateral ventricles are compressed. The
145 pituitary gland is intact.

146 ANTERIOR NECK STRUCTURES: The anterior neck muscles show
147 no hemorrhage. The thyroid gland is symmetrical, not enlarged,
148 normal texture, and tan. The parathyroid glands are not
149 identified. The laryngeal cartilages, cricoid cartilage, and
150 hyoid bone are intact. The tracheal, laryngeal and epiglottic
151 mucosa shows no lesions. The mucosa is tan. The tongue is
152 unremarkable. The posterior pharynx is not obstructed. The
153 prevertebral fascia is intact. The cervical vertebrae are
154 intact.

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Body of SWARAN SINGH

155

156 SPECIMENS RETAINED: femoral vein blood, heart blood,
157 vitreous humor, urine, liver, and bile. A full toxicology
158 screen is requested.

159 Representative tissue sections are retained in formalin.

160 Selected sections are submitted for processing.

161 OTHER STUDIES: None.

162

163

164

165

7-12-1967
Michael Joseph Ferenc, M.D.

CVT-16-10740

Case Name:

Singh, Swaran

30 ml femoral blood & 35 ml bile each labeled "Singh, Swaran; 2016-03035;

Specimen Description:

10/13/2016"

TOXICOLOGY NUMBER:**Delivered by** Tricor**Date** 19-Oct-16**Received by** Bill Posey**Date** 19-Oct-16**Request:** Complete Drug Screen**Agency Case #** 2016-03035**Requesting Agency**Alameda Co. Coroner's Office
Attn: Acct's Payable
2901 Peralta Oaks Ct., 2nd Floor
Oakland CA 94605**Report To**Alameda Co. Coroner's Office
Attn: Dr. Ferenc
2901 Peralta Oaks Ct., 2nd Floor
Oakland CA 94605

Specimen: Femoral Blood Sample

RESULTS

Complete Drug Screen: No common acidic, neutral or basic drugs detected.

No Ethyl Alcohol detected.

Specimen: Bile Sample

Complete Drug Screen: No common acidic, neutral or basic drugs detected.

No Ethyl Alcohol detected.

*initials nph/wm***B.L. POSEY****S.N. KIMBLE****Directors**

1580 Tollhouse Road

Clovis, California 93611

Phone (559) 323-9940

Fax (559) 323-7502

B. L. Posey

October 24, 2016

Alameda County Sheriff's Office

Coroner's Bureau
2901 Peralta Oaks Court, 2nd Floor, Oakland, CA 94605-5319



Gregory J. Ahern, Sheriff

Director of Emergency Services
Coroner - Marshal

CASE NUMBER:	CASE NAME:
2016-03035	SWARAN SINGH
PATHOLOGIST:	HISTOLOGICAL EXAMINATION
Michael Joseph Ferenc	

BRAIN: Sections of cortex and hippocampus show no neoplasia, inflammatory infiltrates, degenerative diseases, or trauma.

HEART: Multiple sections of left and right ventricle as well as sections from the conduction system area show intact myocytes and no significant inflammatory infiltrates. Some of the myocytes are hypertrophied with enlarged hyperchromatic nuclei. Endocardial and epicardial surfaces and vessels are unremarkable.

LUNGS: Sections show intact parenchyma and no acute significant inflammatory infiltrates. In some sections the parenchyma is atelectatic. Bronchial elements are unremarkable. No significant polarizable foreign material is seen.

LIVER: Section shows unremarkable sinusoids and portal areas. Patchy areas of primarily macrovesicular vacuolization of the otherwise unremarkable hepatocytes are seen.

KIDNEY: Section shows intact glomeruli, tubules, interstitium, and vessels. No significant polarizable foreign material is seen.

ADRENAL GLAND: Section shows unremarkable cortex and medulla.

THYROID GLAND: Section shows variable-sized, pink colloid-filled follicles lined by flattened to cuboidal epithelium.

PANCREAS: Section shows unremarkable islets and acini, vessels, and ducts.

1/26/17

Date

Signature

M.D.